

GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH

INSPECTION REPORT THERAPEUTIC MASSAGE

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INSPECTION		✓ 10/A 10/09/2008 10 Hr. 10 Min. 12 Hr. 30 Min. 180002225	INSPECTION DATE	ESTABLISHMENT NAME	
Regular	INSPECTION TIME		ISLAND SIRENA (THERAPEUTIC MASSAGE) - 2ND FLR.		
Follow - Up	TRAVEL TIME		OWNER/OPI FIATOR		
Complaint			P.H.R. MICRONESIA, INC.		
Investigation			LOCATION LOT 5083 & 5079-1-1		
Other (Specify below)			1155 PALE SAN VITORES RD, TUMON		
		SANITARY PERMIT	PERMIT CATEGORY/STATUS (Circle One)	ESTABLISHMENT TYPE	
			Permanent, Temporary, <u>Current</u> , Expired	THERAPEUTIC MASSAGE	

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection, or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal, a written hearing request must be submitted before the indicated correction date.

[illegible]

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

*When any of the following items are cited above, they shall be corrected within

24 hours: (Items 1 to 7, 25, 26, 28, 39 & 40)

Ten days: (Items 8, 9, 13, 14 & 22)

Twenty days: (Items 11, 16, 17 & 38)

Thirty days: (All others from this insp. date)

RECEIVED BY (Name and Title)

DEH INSPECTOR (Name and Title)

V. RAYMUNDO, EPHO I

300-9570